PTO/SB08 (08-03)

| U.S. Patent and Trademark Office: U.S. DePartMeter of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number  PATENT APPLICATION FFF DETERMINATION.   |                    |              |                        |                  |    |              |                 |                              |                    |                  |
|--|--------------------|--------------|------------------------|------------------|----|--------------|-----------------|------------------------------|--------------------|------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-575  |                    |              |                        |                  |    |              |                 | Application or Doolet Number |                    |                  |
| CLAIMS AS FILED - PART I   |                    |              |                        |                  |    |              |                 |                              |                    |                  |
| (Column 1)   |                    |              |                        | (Column 2)       |    | SMALL ENTITY |                 | OR                           |                    | R THAN<br>ENTITY |
| FOR<br>BASIC FEE   | MUM                | NUMBER FILED |                        | NUMBER EXTRA     |    | RATE         | FEE             |                              | RATE               | REE              |
| (57 CFR 1.18(N))<br>TOTAL CLAIMS   | 3                  |              |                        |                  |    |              |                 | OR                           |                    |                  |
| DOEPENDENT CLAUSE  | minus 30           |              | D• •                   | •                |    | × •          |                 | OR                           | X 8 .              |                  |
| (37 CFR 1,18(N))   | (Nd) minum 3       |              | 3                      | •                |    | x 8•         |                 | OR.                          |                    |                  |
| MALTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  |                    |              |                        |                  |    | +5_ =        |                 | OR                           |                    |                  |
| *If the difference in column 1 is less than zero, enter "O" in column 2.   |                    |              |                        |                  |    | TOTAL        |                 |                              | <u> </u>           |                  |
| CLAIMS AS AMENDED - PART II  |                    |              |                        |                  |    | TOTAL        |                 | OR                           | TOTAL              | L                |
| ADULT - PART II  |                    |              |                        |                  |    |              |                 |                              |                    |                  |
| 7/-1/-   | (Column 1)         |              | (Calumn 2)             | (Column 3)       |    | SMALL (      | NTITY           | OR                           | OTHER<br>SMALL     | THAN             |
| <b>4</b> / / 1   | REMAINING<br>AFTER |              | HIGHEST<br>NUMBER      | PRESENT          | П  | RATE         | ADD)-           |                              | RATE               | ADDL             |
| MA Case meet a common of c | MENDMENT           |              | PREVIOUSLY<br>PAID FOR | EXTRA            | H  |              | TIONAL FEE      |                              | 100.15             | TIONAL           |
| G GLCLS (1965  | 91                 | Minus        | 91                     | •                | l  | X 8          |                 | OR                           | X : =              | PEE              |
| CO CAR Trees   |                    | Minus        | - 1/                   | •                |    | X 8          |                 | OR                           | X 1                |                  |
| PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CPR 1.18(4))  |                    |              |                        |                  |    | +1           |                 |                              |                    |                  |
| - 00 a/  |                    |              |                        |                  |    | TOTAL        |                 | OR                           | TOTAL              |                  |
| Column 1) (Column 2) (Column 2)  |                    |              |                        |                  |    | ADD! FEE     |                 | OR                           | ADD'L FEE          | <del></del>      |
|  | CLAIMS<br>EMAINING | Γ -          | (Column 2)<br>HIGHEST  | (Cotumn 5)       | r  |              |                 |                              |                    |                  |
|  | AFTER<br>MENDMENT  |              | PREVIOUSLY             | PRESENT<br>EXTRA | ı  | RATE         | ADDI-<br>TIONAL |                              | RATE               | ADDI-<br>TIONAL  |
| S Gott rate  | 67                 | Minus        | PAID FOR               | • 6              | ŀ  |              | FEE .           |                              |                    | FEE              |
| Total Coronana Coronana Corona Langua Corona | 12                 | Minin        | ///                    | <del>,</del>     | -  | X 2 B        | 4 V ) (         | OR                           | x 8                |                  |
|  |                    |              |                        |                  |    | x 2/10.00    | MIL             | OR                           | X 2 •              |                  |
| FIRST MESENTATION OF MALTIPLE OCPONOEMI CLAIM (ST CPR 1.18(0))   |                    |              |                        |                  |    | + 3 =        |                 | OR                           | +8 .               |                  |
| (1)/1//  |                    |              |                        |                  |    | ADD'L FEE    | 10114           | OR                           | TOTAL<br>ADD'L FEE |                  |
| 7/   | CONT. 1)           |              | (Cotumn 2)             | (Column 3)       | _  |              |                 | 1                            |                    |                  |
| 일 / 🖡  | CLASMS<br>EMAINING |              | HIGHEST<br>NUMBER      | PRESENT          | Γ  | RATE         | ADOL            | / 1                          | RATE               | 1000             |
| Z 700 1.   | AFTER<br>AENDMENT  |              | PREVIOUSLY<br>PAID FOR | EXTRA            | 1  |              | TIONAL          |                              |                    | YOOP<br>TIONAL   |
| D taces maked  | 40                 | Minus        | 67                     |                  | Γ  |              |                 | OR.                          | X 2                | FEE              |
| th cas made  |                    | Minus        | 12                     | •                | T, |              |                 |                              |                    |                  |
| FIRST PRESENTATION OF MATTIFLE DEPONDENT CLAIM (AT CIPR 1.18(0))   |                    |              |                        |                  |    | . /          |                 | OR                           | × *•               |                  |
|  |                    |              |                        |                  |    | TOTAL        | 7               | OR [                         | TOTAL              |                  |
| * If the entry is column 1 is less than the entry in column 2, write 'V' in column 3.  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 30".   |                    |              |                        |                  |    |              |                 |                              |                    |                  |
| The Triphest Number Provincies Paid Sec. (London to House Section 3, enter 10.   |                    |              |                        |                  |    |              |                 |                              |                    |                  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1, a collection of Information is required by 37 CFR 1,18. The information is required by 37 CFR 1,18. The information is required to the column 1.   |                    |              |                        |                  |    |              |                 |                              |                    |                  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the pulser whech is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting this completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be ment to the Chief Information Officer, U.S. Patent and Tweleneric Cfice, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1450.